	State Well Report		· · · · · · · · · · · · · · · · · · ·	,
County: marin	Part 1		For Office Use Only:	
Missis	Mississippi Department of Environmental Quality		Aquifer:	- /
	Office of Land and Water Resources		Well #: K-82	21
Driller: James Wills	P.O. Box 10631 Jackson, MS 39289-0631		L. S. Elevation:	
Date drilling completed: 10-20-04	(601)961-52			
	(601)354-6938	(fax)	E-log #:	
State Law requires that this report be a 30 days of completion of drilling of the	orepared by the driller			
Well Owner Information		Well	Location	
Owner Name awis Lowe	Latitu	de.31 . 14 20	Longitude: <u>89 ° 51 ' 47</u> "	
Mailing Address: 4.0. Boy 8-3320	Ny 35 N Metho	od of Lat/Long (circle or	ne): Conventional Survey,	
FOXWORTHS		USGS quad, Hand-held	GPS, Survey-grade GPS	
	9483 144	[14_25]4 Sec_]	_Twn 3 N ang 13E	
City State				
Telephone No. (601) 736 30 22		Miles V	of Fox Num	
	Well Data			
Purpose of Well (circle one) Rome Industrial	Public Supply Irriga	ation Fish Culture	Other:	
Date well drilling started: / 0 - 20 -		lling completed: /()	.70.04	
	•			
If flowing, method of flow regulation: Valve				
Static Water Level:(Sfeet above or		rface Date measured:	Dror"	
Method of Measurement (circle one) steel tape	•		RECEN	
Hole depth: Well depth:	/06 We	ll grouted to a depth of	feet NOV 0 4	2004
1 2) po on Bross ()	onite Mix		BY: OLV	٧R
Casing length: 6 feet Casing diam	eter: 'U inch	es Type of casing:	PVC	•
Screen length: Officer Screen diameter: Uinches Type of screen: PVC				
Screen slot size: 008 inches Setting depth: From 80 feet to 100 feet				
1,700 01 0011410110110110110110110110110110110110	ol packed Underreamed			
	er (describe):			
Top of lap pipe or reduction in casing:				
Logs run (circle all applicable): No log run Ele	ctric Gamma Ray Den	sity Sonic Neutron	Other:	
Name of organization running log(s):		741 H 19 1.1		-
Name of organization running log(s): I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi				
Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.				
JAMES WELLS	4820	James	Wills	

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

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roperty layout and aid in locating th 4) indicate direc	ne well; 3) any roads, power line	well location; 2) any permanent structures on the property thes, or other items that may aid in locating the property and t	at may he well;	
		RECEIV	FD	
		.,		
		NOV 0 4 21	004	
•		BY: OLV		
		RV: ()I V	V D	

Signature of Water Well Contractor

STATE WELL REPORT Part 2

Pump Ins Mississippi Der

County: __
Permit #:)

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
(601)961-5210

For Office Use Only:		
Aquifer:		
Well #: K-82		
Elevation:		

Date completed: JO. & & U	(601)961-5210 (601)354-6938 (fax)		Elev	vation:	
This report should be prepared by the installation of pump.	e pump installer in detai	l and filed with the	Department with	din 30 days of the	
Well Owner Information Owner Name: Cowles Lowe		Well Location Latitude: Longitude:			
Mailing Address: P. b. B & 3320 H y 35 N		Method of Lat/Long (circle one): Conventional Survey,			
Tay Warf MS 39483 City State Zip Code		USGS quad, Hand-held GPS, Survey-grade GPS Wik _ S			
Telephone No. (601) 736 303	·		_	learest Town	
Pump Type Circle one			Power Ty Circle or		
Air Lift Jet	Submersible	Diesel Engine	Gasoline Engi	ine Natural Gas	
Bucket Piston	Turbine <	Electric Motor	Hand	Tractor PTO	
Centrifugal Rotary Other (specify):	Flowing Well	Windmill Horse Power Rati	Other (specifying of Motor:	RECENT	
Date Pump Installed: 10-20-04)	Setting Depth:	40	feet NOV 0 4 200	
Rated Pump Capacity:	Gallons Per Minute	Number of Stages	:	BY: OLW	
Pump Test Data Date Well Tested: / O-ZO - C Static Water Level (A): / 5 Feet 1 Pumping Water Level (B): 40 Feet F	Below Land Surface Below Land Surface	Air Line I	ethod of Measurin Circle or Electric Measuring	ne	
Drawdown [(B) – (A)]:/ SFeet 1 Test Pumping Rate:/ S		_		cad:feet 1 with a drawdown of	
Duration of Pump Test (minimum 4 hours):				hours of pumping	

I HEREBY CERTIFY that the above statements are true to the best	st of my knowledge.	
TAMES WELLS 0586) ames hells	
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	